

OMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

•		
My residence, post office address and citizenship	are as stated below next to my name;	
	if only one name is listed below) or an original, first a ubject matter which is claimed and for which a paten	
Blood Pressu	re Measuring Apparatus	
the specification of which (check only one item be	elow):	
is attached hereto, and was amended on	(if applicable).	
☐ was filed as United States application nur	nber on	
and was amended on	(if applicable).	
☐ was filed as PCT international application	number on	
and was amended on	(if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNI 35 U.S.C. §§119, 172 or
German	103 03 906.6	31 January 2003	ĭ Yes □ No
			☐ Yes ☐ No
			☐ Yes ☐ No
-			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Page 1

(1/04)

Application No.	
Attorney Docket No.	031211-084

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Robert S. Swecker Platon N. Mandros Benton S. Duffett, Jr. Norman H. Stepno Ronald L. Grudziecki Alan E. Kopecki Regis E. Slutter Samuel C. Miller, III Robert G. Mukai *George A. Hovanec, Jr. James A. LaBarre E. Joseph Gess R. Danny Huntington Eric H. Weisblatt	19,885 22,124 22,030 22,716 24,970 25,813 26,999 27,360 28,531 28,223 28,632 28,510 27,903 30,505	James W. Peterson Teresa Stanek Rea William C. Rowland T. Gene Dillahunty Patrick C. Keane B. Jefferson Boggs, Jr. Peter K. Skiff Matthew L. Schneider Charles F. Wieland III Bruce T. Wieder Todd R. Walters Allen R. Baum Brian P. O'Shaughnessy Fred W. Hathaway	26,057 30,427 30,888 25,423 32,858 32,344 31,917 32,814 33,096 33,815 34,040 36,086 32,747 32,236	Wendi L. Weinstein Donna M. Meuth Nhat D. Phan Claude A.S. Hamrick Laurie A. Axford Susan M. Dadio Sharon E. Crane All practitioners associ Customer Number 2	
and					
Address all correspond	ence to:	BURNS, DOANE, SWE Customer Number 2 1 P.O. Box 1404 Alexandria, Virginia 223	839	ATHIS, L.L.P.	
				at (703) 836-662	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME (first and middle	e (if any))	FAMILY NAME O	R SURNAME
0,72,17,10,10,1	Peter		Götz
INVENTOR'S SIGNATURE	Peter &	of .	14.02.04
RESIDENCE (City, State & Cot 33677 Greiling, Germany	untry)		CITIZENSHIP German
4 // L loo la conserve C 00077 Cacillia			
V			
NAME OF SECOND INVE	ENTOR	FAMILY NAME O	
Mühlreiterweg 6, 83677 Greilin NAME OF SECOND INVE GIVEN NAME (first and middle	ENTOR	FAMILY NAME O	Ziel
NAME OF SECOND INVE	ENTOR e (if any))	FAMILY NAME O	
NAME OF SECOND INVE GIVEN NAME (first and middle INVENTOR'S SIGNATURE RESIDENCE (City, State & Cor	ENTOR e (if any)) Jörg	FAMILY NAME O	Ziel DATE
NAME OF SECOND INVE	ENTOR e (if any)) Jörg	FAMILY NAME O	Ziel DATE 177.02.

Application	No
Attorney Docket No.	031211-084

NAME OF THIRD INVENTOR		
GIVEN NAME (first and middle (if any))	FAMILY NAME OR	
Werger //		Wingender
INVENTOR'S SIGNATURE	rends	DATE 7. 02.2004
RESIDENCE (City, State & Country)		CITIZENSHIP
33677 Greiling, Germany		Germany
MAILING ADDRESS (Complete Street Address including Cit Ertlweg 7, 83677 Greiling, Germany	ty, State, Zip & Country)	
NAME OF FOURTH INVENTOR		
GIVEN NAME (first and middle (if any))	FAMILY NAME OF	
Jochen		Von Benthen
INVENTOR'S SIGNATURE / DELLA		17.2.2004
RESIDENCE (City, State & Country)		CITIZENSHIP
83646 Bad Tölz, Getchany		Germany
	ty. State, Zip & Country)	Germany
MAILING ADDRESS (Complete Street Address including Ci Im Farchet 15, 83646 Bad Tölz, Germany	ity, State, Zip & Country)	Germany
MAILING ADDRESS (Complete Street Address including Ci Im Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR		
MAIL ING ADDRESS (Complete Street Address including Ci	fAMILY NAME O	
MAILING ADDRESS (Complete Street Address including Ci Im Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR		
MAILING ADDRESS (Complete Street Address including Ci Im Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR GIVEN NAME (first and middle (if any))		R SURNAME
MAILING ADDRESS (Complete Street Address including Ci Im Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR GIVEN NAME (first and middle (if any)) INVENTOR'S SIGNATURE	FAMILY NAME O	R SURNAME DATE
MAILING ADDRESS (Complete Street Address including Cill Im Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR GIVEN NAME (first and middle (if any)) INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) MAILING ADDRESS (Complete Street Address including Complete S	FAMILY NAME O	R SURNAME DATE
MAILING ADDRESS (Complete Street Address including Cillin Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR GIVEN NAME (first and middle (if any)) INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) MAILING ADDRESS (Complete Street Address including Country)	FAMILY NAME O	R SURNAME DATE CITIZENSHIP
MAILING ADDRESS (Complete Street Address including Cill Im Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR GIVEN NAME (first and middle (if any)) INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) MAILING ADDRESS (Complete Street Address including Complete S	FAMILY NAME O	R SURNAME DATE CITIZENSHIP OR SURNAME
MAILING ADDRESS (Complete Street Address including Cillin Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR GIVEN NAME (first and middle (if any)) INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) MAILING ADDRESS (Complete Street Address including Country)	FAMILY NAME O	R SURNAME DATE CITIZENSHIP
MAILING ADDRESS (Complete Street Address including Cillin Farchet 15, 83646 Bad Tölz, Germany NAME OF FIFTH INVENTOR GIVEN NAME (first and middle (if any)) INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) MAILING ADDRESS (Complete Street Address including Country) NAME OF SIXTH INVENTOR GIVEN NAME (first and middle (if any))	FAMILY NAME O	R SURNAME DATE CITIZENSHIP OR SURNAME